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## **FEC FORM 2**

## STATEMENT OF CANDIDACY

| 1.  | (a) Name of Candidate (in full)   |                            |              |               |                   |  |                |  |
|---|---|----------------------------|--------------|---------------|-------------------|--|----------------|--|
|   | David Young (b) Address (number and street)   | ☐ Check if address changed |              |               |                   | 2. Candidate's FEC Identification Number |                |  |
|   | PO Box 123  | □ Check ii address changed |              |               |                   | S4IA00103                                |                |  |
|   | (c) City, State, and ZIP Code   |                            |              |               |                   | 3. Is This N                             | ew Amended     |  |
|   | Van Meter   | IA                         |              |               | 1-0123            | Statement X (N                           | I) OR (A)      |  |
| 4.  | Party Affiliation   | 5. Office Sough            | t            |               |                   | rict of Candidate                        |                |  |
|   | REPUBLICAN PARTY  | House                      |              |               | IA                | 03                                       |                |  |
| DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE   |   |                            |              |               |                   |  |                |  |
| 7.  | I hereby designate the following named political committee as my Principal Campaign Committee for the 2014 (year of election) |                            |              |               |                   |  |                |  |
|   | NOTE: This designation should be filed with the appropriate office listed in the instructions.                                |                            |              |               |                   |  |                |  |
|   | (a) Name of Committee (in full)   |                            |              |               |                   |  |                |  |
| Young for Iowa, Inc.  |   |                            |              |               |                   |  |                |  |
|   | (b) Address (number and street)   |                            |              |               |                   |  |                |  |
|   | PO Box 162  |                            |              |               |                   |  |                |  |
|   | (c) City, State, and ZIP Code   |                            |              |               |                   |  |                |  |
|   | Van Meter   |                            |              |               | IA                | 50261-0162                               |                |  |
|   |   |                            |              |               |                   |  |                |  |
|   | DE  | SIGNATION                  | OF OT        | HER AU        | THORIZED          | COMMITTEES                               |                |  |
| (Including Joint Fundraising Representatives)   |   |                            |              |               |                   |  |                |  |
| 8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. |   |                            |              |               |                   |  |                |  |
| NOTE: This designation should be filed with the principal campaign committee.   |   |                            |              |               |                   |  |                |  |
| (a) Name of Committee (in full)   |   |                            |              |               |                   |  |                |  |
|   |   |                            |              |               |                   |  |                |  |
| (b) Address (number and street)   |   |                            |              |               |                   |  |                |  |
| (b) Address (namber and succe)  |   |                            |              |               |                   |  |                |  |
|   |   |                            |              |               |                   |  |                |  |
| (c) City, State, and ZIP Code   |   |                            |              |               |                   |  |                |  |
|   |   |                            |              |               |                   |  |                |  |
|   | Loortify that I have ava  | minad this State           | mont and to  | the best of   | mu knowlodgo g    | and belief it is true, correct           | and complete   |  |
|   | ·   | IIIIIIeu IIIIS State       | ineni anu io | tille best of | Triy Kriowieuge a |  | ана сотпрівів. |  |
| Signature of Candidate  David Young   |   |                            |              |               |                   | Date                                     |                |  |
| D   | avia Young  |                            |              | [Elec         | tronically Filed] | 01/31/2014                               |                |  |
|   |   |                            |              |               |                   |  |                |  |
| NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.             |   |                            |              |               |                   |  |                |  |
|   |   |                            |              |               |                   |  |                |  |
|   |   |                            |              |               |                   |  |                |  |
| 1   |   |                            |              |               | 1                 | 1  |                |  |

FEC FORM 2 (REV. 02/2009)